RADICAL CYSTECTOMY WITH NEOBLADDER SURGERY INSTRUCTIONS

This packet will help you prepare for your upcoming cystectomy. Please review this information before surgery and have it available as a reference after surgery. Should you have any questions, please contact our office at (212) 305-0144. There will be someone available to answer questions 24 hours a day, every day of the week including holidays. For non-urgent issues, please call between 9am and 5pm.

I. IN THE MONTH LEADING UP TO SURGERY

- You must have blood and urine tests within 30 days of surgery. You may also require a chest x-ray and an electrocardiogram (EKG). If you have these tests done locally then you must have the results faxed to us.

- You may be asked to have a clearance letter from your primary medical doctor. In addition, if you have a history of heart or lung disease, you may need a clearance letter from your cardiologist or pulmonologist. If your preoperative clearance is done outside of Columbia, the letter must be faxed to our office at least 5 days prior to surgery.

- Sperm banking: after radical cystectomy, a man is no longer able to ejaculate and will likely have erectile dysfunction. If you intend to have children in the future, you should bank sperm before surgery. Cystectomy in women may also involve removing the uterus, ovaries, and part of the vagina in women, which can impact sexual function.

- We recommend you stop smoking cigarettes as soon as you decide to have surgery.

- Avoid drinking alcohol in the week leading up to surgery. If you use alcohol regularly then stopping suddenly could be dangerous. Let your doctor know if you are a heavy drinker or are unable to stop drinking.

- Please stop taking the following medications **one week** prior to surgery:
    - Any blood thinners, including Plavix, Coumadin, Effient, Brilinta, Ticlid, Persantine, Pradaxa, Eliquis, and Xarelto. **You must discuss stopping these medications with the doctor who prescribes them**
        - You may continue taking low-dose aspirin (81mg) if you have a history of heart disease or stroke.
    - All herbal medications, supplements, and vitamins, including vitamin E, fish oil, garlic, and gingko biloba.
    - Ibuprofen-containing medications or other non-steroidal anti-inflammatory medications (NSAIDS). Medications for arthritis often contain these drugs. If you are unsure whether you are taking one of these medications, ask your doctor.
- If you take any of the following medications for diabetes or weight loss, please stop them before surgery:
    - Stop dapagliflozin (Farxiga), empaglifozin (Jardiance), canaglifozin (Invokana) or ertugliflozin (Steglatro) 4 days before surgery
    - Stop liraglutide (Victoza, Saxenda), exenatide (Byetta) or semalutide (Ryblesus) 1 day before surgery.
    - Do not take your injection of dulaglutide (Trulicity), exenatide (Bydureon BCise) or semaglutide (Ozempic, Wegovy) 7 days before surgery.
    - These medications may all be restarted at home after your surgery.

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II. IN THE WEEK LEADING UP TO SURGERY

- Poor nutrition is common before a cystectomy. In order to improve your nutritional status, we recommend preoperative nutritional supplements and consult with a registered dietician.
- You will have an in-person or phone meeting with our registered dietician who will discuss the recommendations for preoperative nutrition.
- You will start an oral nutritional supplement twice daily called **Ensure Surgery Immunonutrition Shake** for 5 days leading up to surgery. https://ensure.com/nutrition-products/ensure-surgery .

III. THE DAY BEFORE SURGERY

- You will receive a call from a Milstein Hospital Preoperative nurse the business day prior to your scheduled operation between the hours of 2:30-5:30 PM.
    - If you do not receive this call, please call 212-305-7000. The preoperative unit is open Monday-Friday 6:00AM to 6:30PM.
    - This call will include the following instructions:
        - Arrival time: 2 hours before your scheduled operation
        - Admitting location: 173 Fort Washington Ave, Milstein Heart Center Admitting Desk. The lobby is inside the Milstein Hospital Building and the operating room is on the 3rd floor.
        - What medications to take before your surgery.
- Your surgeon may ask you to perform a bowel preparation by taking laxatives.
- Drink plenty of fluids throughout the day and eat a light diet.
- Wear comfortable loose-fitting clothing. This includes loose underwear and lace-up shoes. Leave all valuables and jewelry at home.
- You must arrange for an adult to transport you to and from the hospital. You cannot be discharged home unless you have an adult to take you home.
- **Do not eat or drink anything after midnight other than what is recommended below.**

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IV. THE MORNING OF SURGERY

- **You should drink one bottle of Ensure Pre-Surgery Clear Carbohydrate Drink 2 hours before your scheduled arrival** https://ensure.com/nutrition-products/ensure-pre-surgery
- You should drink this quickly, within 10-15 minutes.
- Do not eat or drink anything else including gum, hard candy, and cigarette smoking. You may brush your teeth, but do not swallow any water.
- If you have any of the following problems, do NOT drink the Clear Carbohydrate Drink:
    - Symptomatic gastric reflux or hiatal hernia
    - Gastroparesis
    - Prior gastric or esophageal surgery
    - Large volume ascites
    - Altered mental status, dementia, stroke with residual deficit, neuromuscular disease, Parkinson's disease
    - Esophageal diverticula
    - Dysphagia
    - Head and neck irradiation
    - Difficult airway
- If you were instructed to take any medications on the day of surgery, you may do so with a small sip of water.
- We recommend that patients wash with antibacterial soap the night before and morning of surgery to decrease the risk of surgical site infections.
- Bring your insurance card and personal identification information to the hospital.
- Consider appointing a healthcare proxy. This is the person who will help make healthcare decisions for you if you are unable to communicate. You may discuss this with your nurse once you arrive at the hospital. If you have already done this, or have an advanced directive, bring this paperwork with you for your surgery.
- If you have obstructive sleep apnea, please bring your breathing mask with you to the hospital. The hospital will provide the machine
- If you wear pants with a belt, please bring these with you the morning of surgery to help with marking your stoma.
- Please remove all metal objects, including jewelry and piercings. You will have to remove hearing aids, dentures, glasses, wigs, and any other prosthetic devices before you are brought to the operating room.
- Surgery times may vary based on emergencies or surgeries that take place before yours. The operating room staff will keep you informed of any changes that may occur on the day of your procedure.
- You will be given a discounted valet parking ticket for your surgery day.
- **Please arrive on time.**

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V. HOSPITAL INSTRUCTIONS FOR FAMILY AND FRIENDS

- One family member may accompany you in the preoperative holding area, and will be directed to the waiting area of the Milstein Hospital building where they can wait during surgery.
    - Your family will receive text updates about your surgery
    - After the surgery is over, the doctor will contact your family.

- The cafeteria is located on the 2nd floor of the Milstein Hospital building.

- Your family will be able to visit you in the recovery room once you are fully awake, usually no more than 2 hours after the surgery is over.

- Your family will be able to visit you when you are in your hospital room and can learn about visiting hours from the nursing staff on the floor.

VI. UNDERSTANDING YOUR NEOBLADDER

- A Radical Cystectomy with creation of the Neobladder, is removal your bladder, prostate, surround lymph nodes. Your surgeon will use a section of your intestines to create a pear-shaped reservoir for the internal storage of urine, known as the Neobladder. The path of urine will start in your kidneys, travel down your ureters, collect into your Neobladder, and exit out your urethra or penis.

- The surgery will take 5-7 hours in the operating room and most patients stay in the hospital for 5-7 days. During your hospital stay we will slowly introduce liquids and solids into your diet until your appetite is regained.

- Before you can start using your new bladder, your Neobladder will need 3-4 weeks to heal after surgery. During this healing phase we want to avoid expanding your bladder. Your surgeon will insert stents and a Foley catheter during surgery to divert the urine way from the Neobladder and allow your bladder to rest.
    - Catheters after surgery:
        - Jackson Pratt Drain- removed before discharge from the hospital.
        - Kidney Stents exiting your abdomen - will be removed 1 -2 weeks after surgery.
        - Foley catheter - will be removed 3 weeks after surgery.

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The Hospital Stay

- After surgery you will spend a few hours in the recovery room as you continue to wake up. You will be transferred to a hospital room later that day.
- You will be given oral and intravenous pain medications that you can use as needed.
- Most patients can start drinking the day after surgery.
- You should walk at least every 2 hours starting as early as the night of your surgery. This is **extremely important**.
- The nurses will periodically check on you and record your vital signs, urine output, and pain level.
- You will have some blood drawn every day.
- Your doctors and nurses will begin irrigating your neobladder three times daily starting the day after surgery. Your neobladder is constructed out of intestine, and intestine normally makes mucous. It is necessary to regularly irrigate your catheter to prevent your Foley catheter from becoming blocked with mucous.

VII. BEFORE YOU ARE DISCHARGED

- You will be taught how to care for your neobladder and any other drains that you will be going home with.
- During your hospital stay you will meet with a social worker who will arrange home care visits by a registered nurse to help you transition home safely. Prior to discharge, your social worker will provide you the name and phone number of the home health agency and the medical supply company. Please keep all contact information in a safe place to refer to if a problem arises.
- The Home Health care agency will send a visiting nurse usually one or two days after discharge. At home, the admission visiting nurse will perform an assessment and determine how many visits you will receive a given week. Your visiting nurse will address any medical questions. Since your visiting nurse visits are limited, please work with them closely to troubleshoot any problems that may occur.
- You will receive a copy of your discharge instructions.
- If you have a long trip home, make sure you stand up and walk every 45 minutes.

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VIII. AT HOME AFTER SURGERY

ACTIVITY

- No heavy lifting (more than 10 pounds) for 6 weeks. This includes pets and children.
- No vigorous activity for 6 weeks, such as running, tennis or golfing. You may not push anything heavy, such as a lawnmower.
- You should walk regularly and you may walk up stairs.
- You may shower, but no soaking or baths until the catheter is removed.
- You may ride in a car, but no driving for 4 weeks.

DIET

- You may eat a normal diet and should stay well hydrated.
- If your appetite has not returned to normal, it is still very important to eat. We recommend eating small, frequent meals throughout the day.
- It is normal to lose 10-20 pounds after this surgery. Most people will gain this weight back after several months.
- If you are unable to eat or drink, contact your doctor immediately.

WOUND CARE

- Your incisions are either closed with skin glue, which will slowly flake off over several weeks, or staples. If you have staples, these will be taken out after 1-2 weeks.
- You may shower after leaving the hospital and gently wash the incisions with warm soapy water. The water will not harm the incision.
- You may have drainage from your incisions after surgery. This can either be clear fluid or blood tinged fluid, which is generally not worrisome and will eventually stop.
- If there is redness, heat, or whitish drainage from the incision, contact the office as there may be an infection.
- Incisions can sometimes open slightly. If an incision opens larger than 1 cm, contact the office.
- Bruising around your incisions is common. This is typically not an issue and will resolve with time.

POSTOPERATIVE ISSUES

- **Digestive problems**:
  - *Bloating*: after a cystectomy the intestines can take a while to return to their normal working state. Sometimes if the intestines stop working normally, patients can become bloated, distended, have nausea and vomiting, and stop passing gas from below. If this occurs, please contact your doctor.

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- *Dehydration* is a common cause of readmission after surgery. It is critical for patients to remain well hydrated upon hospital discharge. Dehydration can cause weakness, poor appetite, nausea, and low urine output.
- If you experience *diarrhea* after surgery do not take over-the-counter anti-diarrhea medication unless instructed by your doctor. Drink extra fluids to avoid dehydration. Call your doctor's office if diarrhea last longer than 48 hours.
  - If you experience ongoing diarrhea consider a BRAT diet (Bananas, Rice, Applesauce, Toast) to slow your bowel movement.

- **Clots in the legs**: During the first 4-6 weeks after surgery, there is the risk of a clot forming in a vein in your leg (deep venous thrombosis, or DVT). This can produce pain in your calf or swelling in your ankle or leg. These clots may break loose and travel to the lung, producing a life-threatening condition known as pulmonary embolus, or PE. Symptoms of a PE include chest pain (especially when you take a deep breath), shortness of breath, the sudden onset of weakness or fainting, and/or coughing up blood. You will be discharged from the hospital with a medication to prevent this from occurring. If you develop any of symptoms of a DVT or PE, call immediately and/or seek local medical attention.
- **Infection:** there are many possible sources of infection after radical cystectomy, including the urinary tract, wound/skin, lung, and abdomen. These types of infections have different symptoms, but many will cause a fever of greater than 101.5^0F. Abdominal and urinary infections can cause pain, fatigue, nausea/vomiting. If you develop a fever or have any concerning symptoms, please notify your doctor.
- **Pain:** Abdominal pain is common and generally resolves with time. Pain can normally occur around incisions or abdominal muscles. You may notice firm areas under the incisions, which is usually part of the normal healing process. Discomfort in the testicles is very common for men, and this can last for several weeks.
- **Swelling:** It is common to have swelling and discoloration of the genitals. This is usually fluid that has not yet been absorbed by the body or bruising. If the scrotum is swollen, put a rolled hand towel underneath the scrotum to elevate it when lying down.
- **Fatigue:** It is very common to be fatigued for the first several weeks after surgery, and this typically resolves in time.
- **Sexual function:** This surgery may substantially impact your sexual function. You may discuss any bothersome sexual side effects from surgery in clinic after surgery.
- If you experience fevers >101.5 degrees, nausea, vomiting, redness around your incisions, thick drainage from the incisions, chest pain, shortness of breath, leg swelling, or any other concerning symptom, **call the office immediately or come to the emergency room**.

IX. MEDICATIONS

- You will have mild to moderate pain for the first several days after surgery. This may include abdominal pain, bloating, or pain around the incisions. You may treat mild pain with ibuprofen or acetaminophen, and more severe pain with the prescribed narcotic medication. If you have severe pain despite these medications, let your doctor know.

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- To prevent blood clots, you will be sent home with 30 days of **Eliquis**, or a similar medication.
- You should take a laxative (Miralax 17g daily) while you are taking narcotic pain medication, and for as long as necessary to avoid constipation after surgery. You should avoid straining with bowel movements. If you become constipated despite taking Miralax, you may use an over-the-counter oral laxative, such as milk of magnesia, Senna, or Dulcolax. Follow the dosing directions on the medication packaging.
- If you are discharged home with ureteral stents in place, you will be given one antibiotic tablet to take **one hour** before your stents are removed in clinic.
- If you were taking blood thinners before surgery, you may resume them one week after surgery, unless directed otherwise.

X. CATHETER CARE

- The catheter is held in place by a balloon that is inflated in your neobladder. Be careful not to tug on the catheter and make sure the catheter is secured to your upper thigh.
- You must irrigate the catheter three times every day with saline. You should continue irrigating the catheter until there is no more mucous. This is **critically important** as buildup of mucous and obstruction of the catheter could be dangerous.
- You may get the catheter wet, but try and keep the catheter secure device on your thigh dry. If this holder falls off, you may replace it with another one or use strong medical tape to secure the catheter to your leg.
- You should change the drainage bags (night bag and leg bag) as directed. To change the drainage bag, first empty the bag you currently have attached. Then wash your hands with soap and water, separate the catheter from the tubing of the drainage bag, and attach the other drainage bag. Make sure the leg bag is attached to your leg with the elastic straps.
- Keep all drainage bags below the level of your waist at all times.
- You may clean the drainage bags with warm soapy water. If your catheter bag has a bad odor, fill it halfway with a mixture of 1 part white vinegar and 3 parts water. Shake bag, let sit for 15 minutes, empty, rinse with cool water and then hang to dry.
- Caring for your Irrigation supplies, cleanse your catheter-tipped syringe syringe and canister by rinsing out with cool water and a teaspoon of white vinegar everyday. When not is use leave open to air, avoid standing water in your supplies.

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- Urinary Tract Infection: urinary tract infections can occur with a catheter in place. While uncommon, be aware that any severe pain or burning in the pelvis or around the catheter, and any fevers require evaluation by our team. You can expect urethral irritation and burning after catheter removal for several days, which will resolve with time.

- It is common to see passage of some blood or blood clots through the catheter and after catheter removal. This usually subsides and does not require anything other than extra hydration as long as the bleeding is not heavy and you are not straining to urinate.

XI. HOW TO PERFORM CATHETER IRRIGATION AT HOME

- You will need an empty basin, a catheter-tipped syringe, and some normal saline.
    - **Making normal saline at home**: Boil 1 quart of water for 10 minutes and then add 2 teaspoons of salt. Allow to cool and pour into clean bottles. Keep refrigerated and discard after 24 hours.

- To irrigate:
    1. Wash hands before and after irrigating
    2. Sit on the toilet
    3. Fill syringe with 60cc of normal saline
    4. Disconnect catheter from drainage bag
    5. Insert syringe into catheter and flush saline into the neobladder
    6. Draw back as much of the fluid as you can and flush into the toilet. If you are unable to draw back the fluid, do not put any more than 2 syringes full of fluid into the neobladder. Instead, let the fluid drain by gravity into the toilet.
    7. Repeat steps 3-6 until fluid is clear and no mucous is seen.
    8. Reconnect catheter to drainage bag

Bladder Training Phase - Catheter Removal

- In the doctor's office, the Foley catheter is removed three weeks after surgery. You will urinate for the first time after the catheter is removed. Your bladder will have a small capacity and will likely hold up to 2 hours of urine or 150ml of urine at a time. It will take several weeks for your neobladder to expand to a normal capacity.

- The first week after your catheter is removed, you will focus on emptying your bladder efficiently and learning the new sensation of a full bladder. You will void least every 2 hours around the clock. The second week after your catheter is removed you can start expanding your bladder by delaying urination an extra 15 -30 mins, each week.

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Bladder Training Phase - Timed Voiding

- Your bladder will have small capacity at first. Each week afterward you will increase your time by 15 minutes. You may feel the urge to urinate or have leakage before 2 hours, as your bladder reached its capacity. Below is a recommended Time Voiding chart:

Weeks After Catheter removal	Frequency of Voiding During the Day	Frequency of Voiding at Night
Week 1-2	1.5 hours – 2 hours	Every 2 hours
Week 3	2 - 2.5 hours	2 hours
Week 4	3 hours	3 hours
Week 5	3 – 3.5 hours	3 hours
Week 6	3-4 hours	4 hours
Week 7	4 hours	Once a night

Bladder Training Phase – Voiding Techniques

- You will first learn and master voiding sitting down. After you learn which muscles are used to void, men can then urinate standing up. Urinating will take a few minutes longer and require more concentration.

- The new sensation to void may include feeling bloating, nauseated, or the feeling of upset stomach. The feeling is quickly relived after you urinate.

- You will use your abdominal muscles to squeeze the urine out of your bladder while relaxing your pelvic floor muscles. It is very similar as to bearing down when you have a bowel movement. The stream of urine will not be as forceful, nor will it have a constant stream. Avoid straining or use heavy abdominal force when you are urinating.

- You may use absorbable briefs or pads during the bladder training phase.

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XII. RECOVERY

- **Urinary continence**: Urine leakage is very common after the catheter is removed. It may take several months for the leakage to improve. Leakage usually occurs with activity and commonly occurs while sleeping. Leakage tends to be worse in the evening as your pelvic muscles become tired. We recommend using an absorbent pad or pull-up, particularly at night. The recovery of urinary control is slow, but may be faster with Kegel exercises. We recommend that you perform these exercises after your catheter is removed.
    - **Kegel exercises** will help you strengthen the muscles in your pelvic floor that allow you to control your urine. These are the same muscles you use to cut off your urine stream when urinating, or hold in a bowel movement or gas. You should contract and hold these muscles for 5 seconds and then relax, and do this 10 times in a row. Repeat these exercise three times every day for 8 weeks. You should not be tightening any muscles in your stomach, buttocks or thighs.

- If you become **unable to urinate** you must contact your doctor immediately.

- It is very common to be fatigued for the first several weeks after surgery, and this typically resolves in time.

- **Return to work**: You may gradually start performing light office duties or working from home starting 4 weeks following surgery, as tolerated, and it is reasonable to resume full-time work and work-related travel by 6-8 weeks.

- **Sexual function**: This surgery may substantially impact your sexual function. Certain men may be eligible to have a nerve-sparing procedure to improve the chances of recovering erectile function after surgery, but return of erectile function is very slow. If fertility preservation is important, men should consider baking sperm before surgery. You may discuss any bothersome sexual side effects from surgery in clinic after surgery.

- **Driving:** Most patient resume driving after the Foley catheter is removed and you are no longer taking Narcotics.

XIII. FOLLOW-UP

- You will be seen in clinic 1 week after surgery. Please call your doctor's office to arrange a time for this appointment.

- The pathology report is available to review at the time of the first follow-up visit.

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Neo-bladder Care after Surgery (How to Void and to Achieve Urine Control)

How do I learn to void and achieve urine control?

Once all the catheter is removed from your neobladder, it will initially only hold about 150cc of urine. During this time, you must void every two hours on the clock, whether you feel like voiding of not. This includes waking up at night to void regularly. The best way to do this is to set an alarm to remind you to void.

After all the catheter is removed, you will need to re-learn how to void. The neobladder is a floppy bag that holds urine. It does not squeeze or contact on its own. You only have control over your external sphincter (valve), that you have to relax to empty the neobladder. Once you relax your external sphincter, you then use your belly muscles to squeeze the urine out of the neobladder. You will use the same abdominal muscles to squeeze the neobladder as you do if you are having a bowel movement. That said, it is best to learn how to void while **sitting down**. As you relax your sphincter and contract your belly muscles to squeeze the neobladder you might pass wind (fart) or pass a small amount of stool.

At first, the neobladder is small and more likely to leak urine. Over a few months, the neobladder will stretch in size, and will eventually hold 400-600mL of urine. When the neobladder eventually stretches to a large size and your pelvic muscles have gotten stronger, urine control will improve. With time, strengthening exercises, and patience, most patients will achieve urinary control.

At what time intervals should I try to void?

Early on, you must void frequently, at least every two hours. If you experience leakage before that time, it often means you need to void. Now, you need to add time to this interval and try to hold back any urine that is trying to leak out. Even if you dribble a little bit or feel discomfort in your lower abdomen, continue to consciously try to hold back the urine for the new amount of time. Once you can hold the new amount of time without leakage or dribbling or discomfort, then add another half hour of time and once again consciously try not to leak or dribble during your new time interval. Continue doing this gradually, until you can go 4 hours between voiding and have a capacity of 400-600 mL of urine. Although this will be time consuming and requires lots of concentration, it is necessary to stretch the neobladder so that it can function properly.

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Is it normal to leak urine during the nighttime?

Yes. Most people achieve daytime urine control well before nighttime control, but leakage at night is not uncommon. Methods to reduce nighttime leakage are to 1) reduce fluid intake within 2 hours of going to sleep, 2) empty your neobladder right before going to sleep, and 3) set an alarm to get up and empty 4 hours after you fall asleep. You still might need to use a pad or even pull up at night.

What final size of neobladder should I aim to stretch my neobladder?

The maximum capacity goal of your neobladder is 400-600mL. Stretching it bigger is **not** necessarily better. If the bladder is allowed to stretch to volumes close to a liter (1000 mL), it becomes overly floppy and may not be able to drain completely. An incomplete draining neobladder is prone to urinary tract infections, bladder stones and mucus balls. An overstretched neobladder may thus require regular and daily self-catheterization through the urethra, to help it to drain.

What can I do if I am unable to properly empty my neobladder on my own?

Hypercontinence is the inability to completely empty urine from the neobladder. Up to 30-50% of women and 10% of men with a neobladder are hypercontinent. If you are unable to fully empty your neobladder, you will have to perform intermittent self-catheterization several times per day. This means you will need to insert a small catheter through the urethra into the bladder and drain the urine. If you are a man, this means passing a catheter via the penis. If you are a woman this means passing the catheter through the urethra, right above the vagina.

Self-catheterizing is a clean procedure and not a sterile one. Thus, wash your hands with soap and water or use a hand sanitizer before catheterizing, no need to use gloves. After cleaning your hands, insert the catheter into the urethra as directed until you see urine start to drain and then leave the catheter in place until the urine has stopped draining. As catheterization can be more difficult for women, a mirror can be used to help visualize the urethra.

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Support Organizations

American Cancer Society

www.cancer.org

Inspire

Bladder cancer support group and online discussion community https://www.inspire.com/groups/bladder-cancer-advocacy-network/

Bladder Cancer Advocacy Network (BCAN)

Survivor 2 Survivor program to connect with a volunteer who knows about having a radical cystectomy. Dial 888-901-BCAN

www.bcan.org

United Ostomy Associations of America

www.uoaa.org

Wound Ostomy Continence Organization

www.wocn.org

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SUPPORT FOR THE COLUMBIA UNIVERSITY DEPARTMENT OF UROLOGY

Patients often ask how they can help support the mission of our Department. Not only are we committed to providing excellent patient care, but also to advancements in prostate cancer research and teaching the next generation of prostate cancer experts. Our Department relies on private support to maintain and advance our research, education, and patient care goals.

If you are interested in learning more, please contact Cynthia Gorey at cg3334@cumc.columbia.edu, or you may contact your surgeon directly.

If you wish to opt out of receiving fundraising communications, please contact the CUMC Office of Development at fundraising.opt.out@columbia.edu 212-305-7315.